|   |   |   | Application or Docket Number |   |                   |          |                 |                        |     |                     |                        |
|---|---|---|------------------------------|---|-------------------|----------|-----------------|------------------------|-----|---------------------|------------------------|
|   | PATENT APPLICATION FEE DETERMINATION RECORD   |   |                              |   |                   |          |                 |                        |     |                     |                        |
| Effective December 29, 1999   |   |   |                              |   |                   |          |                 |                        |     |                     |                        |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN  |   |   |                              |   |                   |          |                 |                        |     |                     | THAN                   |
| (Column 1) (Column 2)   |   |   |                              |   |                   |          |                 |                        | OR  | SMALL E             |                        |
| FO  | R .   | NUMBER                                    | NUMBER FILED NUMBER E        |   |                   | RA       |                 | FEE                    |     | RATE                | FEE                    |
| BASIC FEE   |   |   |                              |   |                   | 13.0     |                 | 345.00                 | OR  |                     | 690.00                 |
| TO  | TAL CLAIMS  | 35  | 35 minus 20= · 35            |   |                   | X\$      | 9=              | #                      | OR  | X\$18≖              | 630                    |
|   | EPENDENT CLA  |   | minus 3 = • 2                |   |                   | ХЗ       | 9=              | . P                    | OR  | X78=                | 156                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                              |   |                   |          |                 |                        | OR  | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |                              |   |                   |          |                 | 710                    | OR  | TOTAL               | 1476                   |
| CLAIMS AS AMENDED - PART II OTHER THA   |   |   |                              |   |                   |          |                 |                        |     |                     |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |                              |   |                   |          | ALL             |                        | OR  | SMALL E             |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | . RA     | TE              | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   |   | Minus                        | 58  | = W '             | X\$      | 9=              | ·                      | OR: | X\$18=              | •                      |
| ME  | Independent   | · 2                                       | Minus                        | 3   | <b>-</b> X        | X        | 9=              |                        | OR  | X78=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                              |   |                   |          | 30=             | ·                      | OR  | +260=               |                        |
| BEST AVAILABLE COPY   |   |   |                              |   |                   |          | OTAL            |                        | ļ   | TOTAL               |                        |
|   |   |   |                              |   |                   |          | T. FEE          |                        | OR  | ADDIT. FEE          |                        |
| L   |   | (Column 1)<br>CLAIMS                      |                              | (Column 2) HIGHEST                          | (Column 3)        | ·        | _               | ADDI-                  | 1   |                     | ADDI-                  |
| NT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |                              | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA  | R.       | ATE             | TIONAL<br>FEE          |     | RATE                | TIONAL<br>FEE          |
| AMENDMENT   | Total   | •   | Minus                        | **  | = .               | X        | <b>9</b> =      |                        | OR  | X\$18=              |                        |
| ME  | Independent   | •   | Minus                        | ***   | = '               | X        | 39=             |                        | OR  | X78=                |                        |
| F   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                              |   |                   |          | 30=             |                        | OR  | +260=               |                        |
|   |   |   |                              |   |                   |          |                 |                        | OR  | TOTAL<br>ADDIT. FEE |                        |
|   | (Oakuma O (Oakuma O   |   |                              |   |                   |          | T. FEE          | -                      | 4   |                     |                        |
| H   |   | (Column 1)                                |                              | (Column 2)<br>HIGHEST                       | (Column 3)        | <b>'</b> |                 | ADDI-                  | 1   |                     | ADDI-                  |
| O<br>F  |   | REMAINING<br>AFTER                        |                              | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA  | R        | ATE             | TIONAL<br>FEE          |     | RATE                | TIONAL                 |
| OME   | Total   | AMENDMENT.                                | Minus                        | ••  | =                 | 1   x    | \$ 9=           | 1                      | OR  | X\$18=              |                        |
| AMENDMENT   | Independent   | •   | Minus                        | •••   | = .               | 1        | 39=             | 1                      | 1   | V70                 | 1                      |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                              |   |                   |          |                 |                        | OR  |                     | <del> </del>           |
| Γ   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                              |   |                   |          | 130=            |                        | OR  |                     |                        |
|   | " If the "Linboot No  | mhar Praviauely F                         | aid For IN TH                | IIS SPACE IS 1889 T                         | ian 20, enter "21 | D." ADD  | TOTA<br>IT. FEI | <u> </u>               | OR  | ADDIT. FE           |                        |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                              |   |                   |          |                 |                        |     |                     |                        |
| ı   | •   |   |                              |   |                   |          |                 |                        |     |                     |                        |

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